

March 19, 2008

## TO THE MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

The HUMAN SERVICES COMMITTEE met in regular session on March 5, 2008, and recommends the following motions:

1. Review minutes of:
  - a) Human Services Board (1/24/08).
  - b) Aging & Disability Resource Center (1/24/08).
  - c) Veterans' Recognition Sub Committee (1/28/08 & 2/12/08).
  - d) Community Options Program Planning Committee (1/28/08).
  - e) Community Options Program Appeals Committee (1/28/08).Receive & place on file items a-e.
2. Achievements for 2007 & Goals for 2008 from departments (requested by Supervisor Patrick Evans.)
  - a) Aging & Disability Resource Center.
  - b) Syble Hopp School.
  - c) Human Services Dept.
  - d) Veterans Dept.
  - e) Health Dept.Receive & place on file.
3. Aging & Disability Resource Center - Resolution re: Authorizing the Creation of the Brown County Transportation Coordinating Committee (TCC). Committee approved. See Resolutions, Ordinances March County Board.
4. Aging & Disability Resource Center - 2007 Program Report. Receive & place on file.
5. Aging & Disability Resource Center - Revenue & Expense report (1/31/08). Receive & place on file.
6. Communication from Supervisor Steve Fewell re: Have the County Board review the citation and update regarding the violation of the Brown County nuisance ordinance regarding odors. (Held from previous meeting.) Motion taken with #7 below.
7. Communication from Supervisor Steve Fewell re: Request that the Ordinance regarding odor be reviewed and amended to allow the Board of Health to impose fines until the problem is fixed. (From previous meeting.) Hold items # 6 & 7 until after the meeting with the Health Department on March 11, 2008.
8. Communication from Supervisor Mary Scray re: Update from Internal Auditor on Mental Health Center accounts receivable. (From previous meeting.) Hold until Internal Auditor has a report available for the committee.

## Human Services Committee

March 19, 2008

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9. Communication from Supervisor Tony Theisen re: Request to present the services offered to homeless veterans by the Veterans Services Office of Brown County. (From previous meeting.) Refer to Veterans' Office with a request that Supervisor Theisen bring it back as he sees fit.
10. Communication from Supervisor Steve Fewell re: To evaluate the increase of suicides in Brown County and to develop a plan to address this issue with a suicide prevention program and awareness. (Held from previous meeting.) Hold until Supervisor Fewell is present.
11. Syble Hopp School - Director's report. No action.
12. Human Services Dept. - Grants- PIE Drug Alliance Asset Mini Grant Approval for Shelter Care. Approve.
13. Human Services Dept. - Mental Health Center Statistics Update (January). Receive & place on file.
14. Human Services Dept. - Bellin Psychiatric Monthly Report (January). Receive & place on file.
15. Human Services Dept. - Approval for New Non-Continuous Vendor. Approve.
16. Human Services Dept. - Approval of New Contract Vendors. Approve.
17. Human Services Dept. - Monthly Contract Update. Approve.
18. Human Services Dept. - Budget Status Financial Report for Community Programs not available. No action.
19. Human Services Dept. - Budget Status Financial Report for Mental Health Center not available. No action.
20. Human Services Dept. - Naming Committee for new Mental Health Center. Receive & place on file.
21. Human Services Dept. - Director's Report.
  - a) WCHSA Executive Board Minutes of January  
Receive & place on file.
22. Audit of bills. Approve payment of bills.

Approved by:

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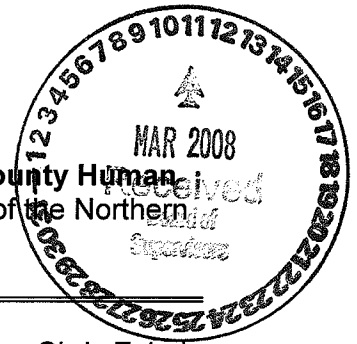
COUNTY EXECUTIVE

Date

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**PROCEEDINGS OF THE BROWN COUNTY**  
**HUMAN SERVICES COMMITTEE**

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Monday, March 5, 2008 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin



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**Present:** Steve Fewell, Pat LaViolette, Mary Scray, Joe VanDeurzen, Chris Zabel, Guy Zima  
**Excused:** Pat Evans  
**Also Present:** Sunny Archambault, Barbara Natelle, Mark Quam, Tom Eggebrecht, Mark Quam, Jill Rowland, Jayme Sellen, Other Interested Parties

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1. **Call Meeting to Order:**  
The meeting was called to order by Supervisor Steve Fewell at 6:35 p.m. until the arrival of Vice Chairman Guy Zima at 6:40 p.m.

2. **Approve/Modify Agenda:**  
A request was made to move #15 – Syble Hopp School forward on the agenda.

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to approve as amended. MOTION APPROVED UNANIMOUSLY**

3. **Approve/Modify Minutes of regular session of February 4, 2008:**

**Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to approve. MOTION APPROVED UNANIMOUSLY**

4. **Review Minutes of:**
- a. Human Services Board (1/24/008:
  - b. Aging & Disability Resource Center (1/24/08)
  - c. Veterans' Recognition Sub-Committee (1/28/08 & 2/12/08)
  - d. Community Options Program Planning Committee (1/28/08)
  - e. Community Options Program Appeals Committee (1/28/08)

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to receive and place on file 4a, b, c, d, & e. MOTION APPROVED UNANIMOUSLY**

**Comments from the Public/Such other Matters as authorized by law:**

5. None

*Agenda #15 taken at this point on the agenda – Syble Hopp School students  
Supervisor Zima arrived 6:40 p.m.*

**Achievements & Goals:**

6. **Achievements for 1007 & Goals for 2008 from departments (requested by Supervisor Patrick Evans):**

- a. **Aging & Disability Resource Center**
- b. **Syble Hopp School**
- c. **Human Services Department**
- d. **Veterans Department**
- e. **Health Department**

**Motion made by Supervisor VanDeurzen and seconded by Supervisor Zabel to receive and place on file. MOTION APPROVED UNANIMOUSLY**

**Aging & Disability Resource Center:**

7. **Resolution re: Authorizing the creation of the Brown County Transportation Coordinating Committee (TCC):**

**Motion made by Supervisor Fewell and seconded by Supervisor LaViolette to approve. MOTION APPROVED UNANIMOUSLY**

8. **2007 Program Report:**

Sunny Archambault referred to the 2007 Program Report in packets, highlighting information related to Information & Assistance, Elderly Benefits Specialists, Disability Benefits Specialists, ADD LIFE Programming, Loan Closet, Nutrition Program, Volunteers, Adult Day Care, and Transportation.

*Supervisor Fewell excused 6:45 p.m.*

Ms. Archambault explained that the nutrition program is seeing large growth and there is a waiting list, something she has not seen in 29 years with the County. There are several sites throughout the County who prepare and deliver meals, i.e. Pulaski, Denmark, DePere, the Adams Street site, and Mason Manor, to name a few. She indicated they are always looking for volunteers to assist with this program.

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to receive and place on file.  
MOTION APPROVED UNANIMOUSLY**

9. **Revenue & Expense Report (1/31/08):**

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to receive and place on file.  
MOTION APPROVED UNANIMOUSLY**

**Communications:**

#s 10 & 11 addressed together

10. **Communication from Supervisor Steve Fewell re: Have the County Board review the citation and update regarding the violation of the Brown County nuisance ordinance regarding odors. (Held from previous meeting):**

11. **Communication from Supervisor Steve Fewell re: Request that the Ordinance regarding odor be reviewed and amended to allow the Board of Health to impose fines until the problem is fixed. (From previous meeting):**

Chair Zima informed the committee that a meeting with the Health Department is scheduled for March 11<sup>th</sup>. It was suggested these two items be held until after that date.

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to hold #'s 10 & 11 until after the meeting with the Health Department on March 11, 2008. MOTION APPROVED UNANIMOUSLY**

12. **Communication from Supervisor Mary Scray re: Update from Internal Auditor on Mental Health Center accounts receivable (From previous meeting):**

Mark Quam addressed the committee, informing them that Internal Auditor, Sara Perrizo, will be meeting with staff at the Mental Health Center on March 17<sup>th</sup> or 18<sup>th</sup> to discuss oversight of the building and to meet with the accountant. A list of questions related to clarifying a process for collection of old debt has been developed for discussion. It was suggested that Ms. Perrizo report to the committee when she has a proposal.

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to hold until Internal Auditor has a report available for the committee. MOTION APPROVED UNANIMOUSLY**

13. **Communication from Supervisor Tony Theisen re: Request to present the services offered to homeless veterans by the Veterans Services Office of Brown County. (From previous meeting):**

Jayne Sellen informed the committee that Supervisor Theisen has requested this item be received until he has time to meet with Jerry Polus of the Veteran's Services Office.

**Motion made by Supervisor VanDeurzen and seconded by Supervisor LaViolette to suspend the rules for comments from the public. MOTION APPROVED UNANIMOUSLY**

**Karina O'Malley – 123 South Webster Avenue, Green Bay**

Ms. O'Malley is the Chair of the Neighborhood Liaison Committee for the St. John's Evangelist Homeless Shelter. This committee has focused on the needs of homeless veterans. Ms. O'Malley stated that she has 45 years of firsthand study/research in homelessness, having knowledge of several resources that could be helpful to the County. She distributed a package of material, asking that it be copied for committee members to review (attached).

**Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to return to regular order of business. MOTION APPROVED UNANIMOUSLY**

**Motion made by Supervisor VanDeurzen and seconded by Supervisor Zabel to refer to the Veteran's Office with a request that Supervisor Theisen bring it back as he sees fit. MOTION APPROVED UNANIMOUSLY**

14. **Communication from Supervisor Steve Fewell re: To evaluate the increase of suicides in Brown County and to develop a plan to address this issue with a suicide prevention program and awareness. (Held from previous meeting):**

Although Tom Eggebrecht stated he was ready to respond, it was suggested the item be put on hold until Supervisor Fewell is present.

**Motion made by Supervisor Zabel and seconded by Supervisor LaViolette to hold until Supervisor Fewell is present. MOTION APPROVED UNANIMOUSLY**

**Syble Hopp School:**

15. **Director's Report:**

Barb Natelle thanked the committee for their cooperation during the last two years, acknowledging that the committee structure will change with the upcoming April election. Maddie Trost and Jordan Demro, students at Syble Hopp School, presented committee members with gift bags.

**Human Services Department:**

16. **Grants – PIE Drug Alliance Asset Mini Grant Approval for Shelter Care"**  
Mr. Eggebrecht explained that this grant will be used for staff time in shelter care.

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to approve. MOTION APPROVED UNANIMOUSLY**

17. **Mental Health Center Statistics Update (January):**

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to receive and place on file. MOTION APPROVED UNANIMOUSLY**

18. **Bellin Psychiatric Monthly Report (January):**

Report from Linda Roethle of Bellin Psychiatric Center indicated that Bellin did not transfer any involuntary adolescents to other institutions, nor were there any admissions refused.

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to receive and place on file. MOTION APPROVED UNANIMOUSLY**

19. **Approval for New Non-Continuous Vendor:**

Jill Rowland referred to the report in packet material, indicating that all those vendors listed have now been approved.

**Motion made by Supervisor LaViolette and seconded by Supervisor Scray to approve. MOTION APPROVED UNANIMOUSLY**

20. **Approval of New Contract Vendors:**

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to approve. MOTION APPROVED UNANIMOUSLY**

21. **Monthly Contract Update:**

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to approve. MOTION APPROVED UNANIMOUSLY**

22. **Budget Status Financial Report for Community Programs (not available):  
No Action**

23. **Budget Status Financial Report for Mental Health Center (not available):  
No Action**

24. **Naming Committee for new Mental Health Center:**

Mark Quam reported that he has met with County Executive Hinz to discuss the creation of a naming committee for the new Mental Health Center. There have been a couple of volunteers from the Human Services Board and both Supervisors LaViolette and Zima agreed to serve on this committee. Donations from the public for naming rooms, etc. will also be pursued.

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to receive and place on file.  
MOTION APPROVED UNANIMOUSLY**

25. **Director's Report:**

a. **WCHSA Executive Board Minutes of January:**

Other items highlighted by Mr. Quam include the following:

- A phone conference has been held with the state to discuss funding for the Community Options Program. They have agreed to send a staff technical assistant to discuss formatting of room and board rates.
- A meeting was held with both the Oneida and Menominee Tribes concerning the working relationship with Child Welfare staff. Brown County has expressed a willingness to work with them and discussions will continue.
- Mr. Quam informed the committee that he was very pleased with staff reaction to the recent fire at Port Plaza. Several disabled elderly population were evacuated to St. Willebrod's Parish where emergency government, Red Cross, etc. got involved. Staff helped find housing for several residents with extended family, shelter homes, motels, etc. Quam stated there was a very good working relationship between all entities.
- Mr. Quam thanked both Supervisors VanDeurzen and Zabel, who are not running for re-election, for their support over the last two years.

**Motion made by Supervisor LaViolette and seconded by Supervisor VanDeurzen to receive and place on file.  
MOTION APPROVED UNANIMOUSLY**

**Veteran's Dept** Budget Status Financial Report not available. No other agenda items.  
**Health Dept** Budget Status Financial Report for 11/30/07. No other agenda items.

**Other:**

26. **Audit of Bills:**

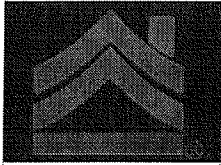
**Motion made by Supervisor VanDeurzen and seconded by Supervisor Zabel to approve payment of bills. MOTION APPROVED UNANIMOUSLY**

**Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to adjourn at 7:30 p.m. MOTION APPROVED UNANIMOUSLY**

Respectfully submitted,

Rae G. Knippel  
Recording Secretary





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[Policy & Legislation](#) > NCHV Plan to End Homelessness Among Veterans

### POLICY & LEGISLATION

## NCHV Plan to End Homelessness Among Veterans

### Ending Homelessness Among Veterans *A Position Statement of the National Coalition for Homeless Veterans*

#### Introduction

Homelessness has become an enduring fixture of contemporary U.S. society. Systemic public policy responses to address this issue have been developed with representatives from federal, state and local government along with advocates, providers and consumers who continue to pursue public policy solutions to prevent and end homelessness. The National Coalition for Homeless Veterans (NCHV) shares this commitment by producing policy remedies specifically targeted towards the subpopulation of people experiencing homelessness and who are also bound together by their shared experience of service in the United States Armed Forces.

#### Homelessness Among Veterans

In 2006, the U.S. Department of Veterans Affairs (VA) reported the number of homeless veterans on the streets of America on any given night increased by 0.8 percent from 194,254 in 2005 to 195,827. This modest increase may be the result of an increase in the number of points of contact reporting data to the VA through the CHALENG process.

More veterans experience homelessness over the course of a year. According to HUD Continuum of Care data, of the 495,400 people who were homeless, roughly 26 percent were veterans. The United States Government Accountability Office reports between 44,000 and 64,000 veterans are chronically homeless.

The VA reports homeless veterans are mostly males (3 percent are females) and the vast majority are single, although service providers are reporting an increased number of veterans with children seeking their assistance. About half of all homeless veterans have a mental illness and more than two thirds suffer from alcohol or other substance abuse problems. Nearly 40 percent have both psychiatric and substance abuse disorders. The VA reports the majority of women in homeless veteran programs have serious trauma histories, some life-threatening, and many of these women have been raped and reported physical harassment while in the military.

According to the VA, male veterans are 1.3 times more likely to become homeless as their non-veteran counterparts, and female veterans are 3.6 times more likely to become homeless as their non-veteran counterparts. Like their non-veteran counterparts, veterans are at high risk

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of homelessness due to extremely low or no livable income, extreme shortage of affordable housing, and lack of access to health care. But these factors combined with their military service put them at even greater risk of homelessness.

Prior to becoming homeless, a large number of veterans at risk of homelessness have struggled with post traumatic stress disorder, also known as PTSD, or have addictions acquired during or worsened by their military service. Some returning from Iraq and Afghanistan may also be suffering from traumatic brain injury. These conditions can interrupt their ability to keep a job, establish savings, and in some cases, maintain family harmony. Veterans' family, social, and professional networks may have been broken due to extensive mobility while in service or lengthy periods away from their hometowns and their civilian jobs. These problems are directly traceable to their experience in military service or to their return to civilian society without having had appropriate transitional supports.

While most Americans believe our nation's veterans are well-supported, in fact many go without the services they require and are eligible to receive. According to a Congressional staff analysis of 2000 U.S. Census data, one and a half million veterans have incomes that fall below the federal poverty level, including 634,000 with incomes below 50 percent of poverty. Neither the VA nor its state and county departments are adequately funded to respond to these veterans' health, housing, and supportive services needs. Moreover, community-based and faith-based service providers also lack sufficient resources.

The VA reports its homeless veteran programs serve 100,000 veterans annually. NCHV member community-based organizations (CBOs) serve 150,000 annually. With an estimated 400,000 veterans experiencing homelessness at some time during the year, and the VA reaching only 25 percent and CBOs reaching 35 percent of those in need, there is a substantial number of veterans who do not receive the help they need to transition out of homelessness and re-enter society as productive citizens. Likewise, other federal, state and local public agencies — notably housing agencies and health departments — are not adequately responding to the housing, health care and supportive services needs of veterans. Indeed, it appears veterans fail to register as a target group for these agencies in many communities.

The increase in the number of homeless veterans in 2006 suggests the homeless veteran population in America may be experiencing significant changes. Homeless veterans receiving services today are aging and the percentage of women veterans seeking services is growing. The VA reports about 1400 homeless veterans have been treated at VA medical centers and of that number, 4% are women. Moreover, combat veterans of Operation Iraqi Freedom, Operation Enduring Freedom and the Global War on Terror, both men and women, are returning home and suffering from war related conditions that may put them at risk for homelessness, according to studies published by the New England Journal of Medicine and the VA.

These men and women are beginning to trickle into the nation's community-based homeless veteran service provider organizations and need help — from mental and physical health services, substance abuse prevention and disability rehabilitation programs to affordable housing, employment training and job placement assistance. With greater numbers of women in combat operations, along with increased identification of and a

greater emphasis on care for victims of sexual assault and trauma, new and more comprehensive services, housing and child care are needed. Poverty, lack of support from family and friends, and unstable living conditions in overcrowded or substandard housing may also be contributing factors. In the next 10 years, significant increases in services over current levels will be needed to serve aging Vietnam veterans, women veterans and combat veterans of America's current operations in Iraq and Afghanistan.

### **NCHV Policy Plan**

Preventing and ending homelessness among veterans requires public commitment and action to ensure access to affordable housing, income and health security. This must be accomplished both through general responses that will benefit all homeless persons and those at high-risk for homelessness – including veterans – and through specialized responses specifically targeted to homeless veterans.

This policy document contains policy initiatives aimed at accomplishing NCHV's vision to end homelessness among veterans. They are listed under four primary action areas – provide access to health care, ensure income security, supply affordable housing, and prevent homelessness—and indicate where change is needed.

These measures are directed toward the U.S. government, and actions taken at this level will benefit all Americans. States, localities and homeless coalitions may also use them as guides in enacting corollary policies and programs. This set of policies serves as the primary resource used by NCHV to advise Congress, the Administration and interested organizations about homeless veteran issues and is a guide to actions needed to end homelessness among America's veterans.

### **Provide Access to Health Care**

***Guiding Assumption:*** All veterans deserve to have access to comprehensive, high quality and affordable health care.

#### ***Initiatives***

Increase appropriations for the VA health care account in order to: strengthen the capacity of the VA Health Care for Homeless Veterans (HCHV) program to serve more homeless veterans; enable VA to increase its mental health and addiction services capacity; and enable VA to increase vision and dental care services to homeless veterans as required by law.

Ensure homeless veterans' access to and utilization of mainstream health insurance and health services programs.

Authorize and appropriate funds for competitive grants to community-based, faith-based and public organizations to provide health and supportive services to homeless people placed in permanent housing.

Develop a new source of funding for the health care services needed to complement existing permanent housing and new permanent housing being developed for people experiencing long-term homelessness and low-income veterans and their families.

### **Ensure Income Security**

**Guiding Assumption:** All veterans deserve to receive an income at a level sufficient for obtaining and maintaining permanent housing, food, health care and other basic human needs.

***Initiatives***

Increase the authorization level of and appropriations for the Homeless Veterans Reintegration Program (HVRP). Funded by the U.S. Department of Labor-Veterans Employment and Training Service (DOL-VETS), HVRP is the only federal program wholly dedicated to providing employment assistance to homeless veterans and provides competitive grants to community-based, faith-based and public organizations to offer outreach, job placement and supportive services to homeless veterans.

Increase appropriations for Veterans Workforce Investment Program (VWIP). Funded by the U.S. DOL, VWIP provides competitive grants to states geared toward training and employment opportunities for veterans with service-connected disabilities, those with significant barriers to employment (such as homelessness), and recently separated veterans.

Establish a Veterans Work Opportunity Tax Credit (V-WOTC) Program. The program would incentivize the hiring of homeless veterans by providing employers a tax credit equal to a percentage of the wage paid to the homeless or other low-income veteran.

Assure veterans' access to and utilization of mainstream workforce development, disability and temporary cash assistance programs.

**Supply Affordable Housing**

**Guiding Assumption:** All veterans deserve to have permanent, safe, high-quality and affordable housing.

***Initiatives***

Increase the authorization level of and appropriations for the VA Homeless Provider Grant and Per Diem program (GPD) to meet the demands for transitional housing assistance. GPD provides competitive grants to community-based, faith-based and public organizations to offer transitional housing or service centers for homeless veterans. Special needs grant funding under this program should increase for women veterans, frail and elderly veterans, veterans with chronic mental illness and those who are terminally ill.

Revise the GPD payment program to allow payments to be related to service costs rather than a capped rate. Grantees should be allowed to use GPD funds, both in capital development projects and operating per diem payments, as a match to any other Federal grant source. Grantees should also be allowed to use other available sources of income besides the GPD program to furnish services to homeless veterans.

Increase appropriations for the therapeutic residence (TR) component of the Compensated Work Therapy (CWT) program. The CWT program assists veterans with disabilities to obtain competitive employment in the community and allows them to work in jobs they choose. The TR component provides transitional housing assistance to veterans with disabilities while they participate in the CWT program.

Establish additional domiciliary care capacity for homeless veterans, either within the VA system or via contractual arrangements with community-based providers.

Improve coordination between VA-supported Community Homelessness Assessment, Local Education, and Networking Groups (CHALENGs) and HUD Continuum of Care programs

Enhance the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program, which provides permanent housing subsidies and case management services to homeless veterans with mental and addictive disorders, by appropriating funds for additional housing vouchers targeted to homeless veterans.

Require applicants for HUD McKinney-Vento homeless assistance funds to develop specific plans for housing and services for homeless veterans. Organizations receiving HUD McKinney-Vento homeless assistance funds should screen all participants for military service and make referrals as appropriate to VA and mainstream homeless assistance programs for which they qualify.

Authorize and appropriate funds for a targeted permanent housing assistance program for low-income veterans.

Ensure government agency compliance with statutory requirements to make surplus, excess, underutilized and unutilized federal properties available to nonprofit, profit, and public organizations for development of permanent and transitional housing units for people experiencing homelessness. Where necessary, streamline the approval process to make planning and developing such projects more practical for local homeless service providers.

### **Prevent Homelessness**

**Guiding Assumption:** No veteran should experience homelessness.

#### ***Initiatives***

Assess all service members separating from the Armed Forces to determine their risk of homelessness and provide life skills training to help them avoid homelessness.

Ensure that VA facilities – in addition to correctional, residential health care, and other custodial facilities receiving federal funds (including Medicare and Medicaid reimbursement) – develop and implement policies and procedures to ensure the discharge of persons from such facilities into stable transitional or permanent housing and appropriate supportive services. Discharge planning protocols should include providing information about VA resources and assisting persons in applying for income security and health security benefits (such as Supplemental Security Income, Social Security Disability Insurance, veteran disability compensation, and Medicaid) prior to release.

Increase the authorization level of and appropriations for the Emergency Food and Shelter Program (EFSP) and add a homeless veteran service provider representative to the national and local EFSP boards. EFSP

provides funds to community-based, faith-based and public organizations to enable them to offer food, lodging, and mortgage, rental or utility assistance to persons who are homeless or at risk of homelessness.

### **About NCHV**

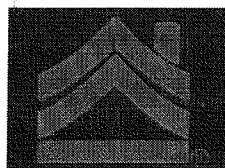
The National Coalition for Homeless Veterans (NCHV), established in 1990, is a nonprofit organization with the mission of ending homelessness among veterans by shaping public policy, promoting collaboration, and building the capacity of service providers.

NCHV was founded by a group of community-based homeless veteran service providers who sought to educate the public about the extraordinarily high percentage of veterans among the homeless population and to place the needs of homeless veterans on the national public policy agenda. The founders, all former members of the military, were concerned that neither the public nor policy makers understood either the unique reasons for homelessness among veterans or appreciated the reality that so many veterans were overlooked and underserved during their periods of personal crisis.

In the years since its founding, NCHV's membership has grown to over 280 organizations in 48 states and the District of Columbia. The majority of NCHV members provide housing and supportive services to homeless veterans and their families, such as street outreach, drop-in centers, emergency shelter, transitional housing, permanent housing, recuperative care, hospice care, food and clothing, primary health care, addiction and mental health services, employment supports, educational assistance, legal aid and veteran and public benefit advocacy. NCHV members also include faith-based groups, VA medical centers, state offices of veterans affairs, cities, all major veteran service organizations and many of their state departments and affiliates, and for-profit corporations.

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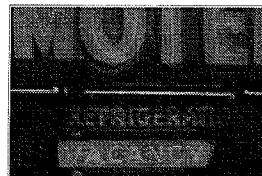
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### FACTS & MEDIA

#### Background & Statistics

- [Most Often Asked Questions Concerning Homeless Veterans](#)
- [Homeless Veteran Fact Sheet](#)
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- [Number of Homeless Veterans and VA Beds by State](#)



#### Most Often Asked Questions Concerning Homeless Veterans

##### Who are homeless veterans?

The U. S. Department of Veterans Affairs (VA) says the nation's homeless veterans are mostly males (4 % are females). The vast majority are single, most come from poor, disadvantaged communities, 45% suffer from mental illness, and half have substance abuse problems. America's homeless veterans have served in World War II, Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom, or the military's anti-drug cultivation efforts in South America. Forty-seven percent of homeless veterans served during the Vietnam Era. More than 67% served our country for at least three years and 33% were stationed in a war zone.

##### How many homeless veterans are there?

Although accurate numbers are impossible to come by -- no one keeps national records on homeless veterans -- the VA estimates that nearly 200,000 veterans are homeless on any given night. And nearly 400,000 experience homelessness over the course of a year. Conservatively, one out of every three homeless men who is sleeping in a doorway, alley or box in our cities and rural communities has put on a uniform and served this country. According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23% of all homeless people in America.

##### Why are veterans homeless?

In addition to the complex set of factors affecting all homelessness -- extreme shortage of affordable housing, livable income, and access to health care -- a large number of displaced and at-risk veterans live with lingering effects of Post Traumatic Stress Disorder and substance abuse, compounded by a lack of family and social support networks.

A top priority is secure, safe, clean housing that offers a supportive environment which is free of drugs and alcohol.

While "most homeless people are single, unaffiliated men ... most housing money in existing federal homelessness programs, in contrast, is devoted to helping homeless families or homeless women with dependant children," according to "Is Homelessness a Housing Problem?" in *Understanding Homelessness: New Policy and Research Perspectives*, published by Fannie Mae Foundation in 1997.

### **Doesn't the Department of Veterans Affairs take care of homeless veterans?**

To a certain degree, yes. According to the VA, in the years since it "began responding to the special needs of homeless veterans, its homeless treatment and assistance network has developed into the nation's largest provider of homeless services, serving more than 100,000 veterans annually."

With an estimated 400,000 veterans homeless at some time during the year, the VA reaches 25% of those in need ... leaving 300,000 veterans who must seek assistance from local government agencies and service organizations in their communities.

Since 1987, VA's programs for homeless veterans have emphasized collaboration with community service providers to help expand services to more veterans in crisis. This partnership is credited with reducing the number of homeless veterans on any given day by nearly 25% over the last six years. For more information about VA homeless veteran programs, go to [www.va.gov/homeless/](http://www.va.gov/homeless/).

### **What services do veterans need?**

Veterans need a coordinated effort that provides secure housing and nutritional meals; essential physical health care, substance abuse aftercare and mental health counseling; and personal development and empowerment. Veterans also need job assessment, training and placement assistance.

NCHV strongly believes that all programs to assist homeless veterans must focus on helping veterans reach the point where they can obtain and sustain employment.

### **What seems to work best?**

The most effective programs for homeless and at-risk veterans are community-based, nonprofit, "veterans helping veterans" groups. Programs that seem to work best feature transitional housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves. Because government money for homeless veterans is currently limited and serves only one in 10 of those in need, it is critical that community groups reach out to help provide the support, resources and opportunities most Americans take for granted: housing, employment and health care.

There are about 250 community-based veteran organizations across the country that have demonstrated impressive success reaching homeless



veterans. These groups are most successful when they work in collaboration with federal, state and local government agencies, other homeless providers, and veteran service organizations. Veterans who participate in these programs have a higher chance of becoming tax-paying, productive citizens again.

### **What can you do?**

- **Determine the need in your community.** Visit with homeless veteran providers. Contact your local mayor's office for a list of providers.
- **Involve others.** If you are not already part of an organization, pull together a few people who might be interested in attacking this issue.
- **Participate in local homeless coalitions.** Chances are there is one in your community. If not, this may be the time to start bringing people together around this critical need.
- **Send a financial donation** to your local homeless veteran provider.
- **Contact your elected officials**, and discuss what is being done in your community for homeless veterans.

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## **Homeless Veteran Fact Sheet**

### **DEFINITIONS, DEMOGRAPHICS AND ESTIMATED NUMBERS**

#### **What is the definition of homeless?**

PL100-77 signed into law on July 22, 1987 known as the "McKinney Act" provided a definition of homelessness that is commonly used because it controls the federal funding streams.

Excerpt from PL100-77: Sec. 11302. General definition of homeless individual

For purposes of this chapter, the term 'homeless' or 'homeless individual or homeless person' includes -

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is -

(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or

(C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

#### **Who is a veteran?**

In general, most organizations use the Department of Veterans Affairs (VA) eligibility criteria to determine which veterans can access services. Eligibility for VA benefits is based upon discharge from active military service under other than dishonorable conditions. Benefits vary according to factors connected with type and length of military service. To see details of eligibility criteria for VA compensation and benefits, view the current benefits manual at: <http://www1.va.gov/opa/feature/>

#### **Demographics of homeless veterans**

"The Forgotten Americans-Homelessness: Programs and the People They Serve" -- released Dec. 8, 1999, by the Interagency Council on the

Homeless -- is the National Survey of Homeless Assistance Providers and Clients (NSHAPC), which was completed in 1996 and updated three years later. You can visit [www.huduser.org](http://www.huduser.org) and download the NSHAPC reports from there.

**Veteran Specific Highlights:**

- 23% of homeless population are veterans
- 33% of male homeless population are veterans
- 47% Vietnam Era
- 17% post Vietnam
- 15% pre Vietnam
- 67% served three or more years
- 33% stationed in war zone
- 25% have used VA Homeless Services
- 85% completed high school/GED compared to 56% of non-veterans
- 89% received Honorable Discharge
- 79% reside in central cities
- 16% reside in suburban areas
- 5% reside in rural areas
- 76% experience alcohol, drug, or mental health problems
- 46% white males compared to 34% non-veterans
- 46% age 45 or older compared to 20% non-veterans
- Service needs:
  - 45% help finding job
  - 37% finding housing

**How many homeless veterans are there?**

Accurate numbers community-by-community are not available. Some communities do annual counts; others do an estimate based on a variety of factors. Contact the closest Department of Veterans' Affairs Medical Center, Homeless Coordinator or the office of your mayor or other presiding government to get local information.

The Urban Institute, in conjunction with the National Survey of Homeless Assistance Providers and Clients (NSHAPC) done in 1996, projected that:

Each year, 2.3 million to 3.5 million people experience homelessness in America. By taking 23% of that range for veterans, that would indicate there are between 529,000 and 840,000 veterans who are homeless at some time during the year.

To get the full report "Helping America's Homeless," published by The Urban Institute Press in 2001, visit [www.urban.org](http://www.urban.org)

**back to top****Incarcerated Veterans**

In January 2000, The Bureau of Justice Statistics released a special report on incarcerated veterans. Following are highlights of the report: "Veterans in Prison or Jail."

Over 225,000 veterans held in Nation's prisons or jails in 1998.

- Among adult males in 1998, there were 937 incarcerated veterans per 100,000 veteran residents.
- 1 in every 6 incarcerated veterans was not honorably discharged from the military.

- About 20% of veterans in prison reported seeing combat duty during their military service.
- In 1998, an estimated 56,500 Vietnam War-era veterans and 18,500 Persian Gulf War veterans were held in State and Federal prisons.
- Nearly 60% of incarcerated veterans had served in the Army.
- Among state prisoners, over half (53%) of veterans were white non-hispanics, compared to nearly a third (31%) of non-veterans; Among Federal prisoners, the percentage of veterans who were white (50%) was nearly double that of non-veterans (26%).
- Among State prisoners, the median age of veterans was 10 years older than other prison and jail inmates.
- Among State prisoners, veterans (32%) were about 3 times more likely than non-veterans (11%) to have attended college.

Veterans are more likely than others to be in prison for a violent offense but less likely to be serving a sentence for drugs.

- About 35% of veterans in State prison, compared to 20% of non-veterans, were convicted of homicide or sexual assault.
- Veterans (30%) were more likely than other State prisoners (23%) to be first-time offenders.
- Among violent State prisoners, the average sentence of veterans was 50 months longer than the average of non-veterans.
- At year-end 1997, sex offenders accounted for 1 in 3 prisoners held in military correctional facilities.
- Combat veterans were no more likely to be violent offenders than other veterans.

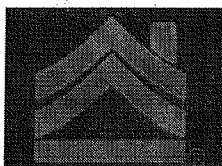
Veterans in State prison reported higher levels of alcohol abuse, lower levels of drug abuse, than other prisoners.

- Veterans in State prison were less likely (26%) than other State prisoners (34%) to report having used drugs at the time of their offense.
- Nearly 60% of veterans in State prison had driven drunk in the past, compared to 45% of other inmates.
- About 70% of veterans, compared to 54% of other State prisoners, had been working full-time before arrest.
- Incarcerated veterans were as likely as non-veterans to have been homeless when arrested.

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[Homeless Veteran Service Providers](#) > HVRP Best Practices Project

### HOMELESS VETERAN SERVICE PROVIDERS

#### HVRP Best Practices Project

##### Background

The Homeless Veterans Reintegration Program Best Practices Project was produced by the National Coalition for Homeless Veterans (NCHV) in partnership with the U.S. Department of Labor-Veterans' Employment and Training Service (DOL-VETS). It contains profiles of some of the nation's most effective homeless veteran employment assistance programs, and is designed to inform community-based organizations and government agencies about the essential components of a comprehensive program that can be replicated and can successfully compete for federal grants. All of the organizations highlighted in this work receive grants under the DOL-VETS Homeless Veterans Reintegration Program, and most have served as guideposts for other community-based homeless service providers that have developed employment assistance programs. [More Background...](#)



Department of Labor Veterans' Employment and Training Service (VETS) Assistant Secretary Frederico Juarbe (second from right) and VETS Deputy Assistant Secretary Charles "Chick" Ciccolella (left) with NCHV President Dr. Charles Haenlein and Executive Director Linda Boone.

#### HVRP Best Practices Project

(PDF Format - 681kb)

#### California

- [Vietnam Veterans of California](#) - Santa Rosa
- [Swords to Plowshares](#) - San Francisco
- [New Directions Inc.](#) - Los Angeles
- [PATH \(People Assisting the Homeless\)](#) - Los Angeles

## Kentucky

- Volunteers of America of Kentucky and Tennessee - Louisville

## Maryland

- Maryland Center for Veterans Education and Training - Baltimore

## Massachusetts

- Massachusetts Veterans Inc. - Worcester
- Veterans Benefits Clearinghouse - Boston

## Michigan

- Michigan Veterans Foundation - Detroit

## Minnesota

- Minnesota Assistance Council for Veterans - Minneapolis

## New York

- Salvation Army Rochester - Rochester
- Veterans Outreach Center - Rochester
- Black Veterans for Social Justice Inc. - Brooklyn
- Saratoga County Rural Preservation Company - Ballston Spa

## Ohio

- Volunteers of America of Central Ohio - Cleveland

## Oregon

- Central City Concern - Portland

## Pennsylvania

- Vietnam Veterans Leadership Program of Western Pennsylvania - Pittsburgh
- Philadelphia Veterans Multi-Service and Education Center - Philadelphia

## Tennessee

- Operation Stand Down Nashville - Nashville

## Texas

- American GI Forum-San Antonio - San Antonio

## Washington

- Washington State Department of Veterans Affairs - Olympia

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Posted: 6/29/2007

**U.S. Mayors Call for Supportive Housing for Veterans***From the U.S. Interagency Council on Homelessness*

Meeting at the U.S. Conference of Mayors 75th Annual Conference the week of June 21 in Los Angeles, Mayors of the nation's largest cities adopted several resolutions, including a measure on support of providing more permanent supportive housing units to help homeless veterans reintegrate back into society as productive citizens.

Mayors attending the USCM Annual Meeting and especially those participating in the Mayors Task Force on Hunger and Homelessness expressed their concern and commitment to meet the housing and other needs of all those who have served in the military, especially those service members returning from Iraq and Afghanistan. This commitment is strongly shared by U.S. Department of Veterans Affairs Secretary R. James Nicholson, who in the most recent Full Council meeting of March 5, asked new Interagency Council on Homelessness Chair and Department of Health and Human Services Secretary Michael Leavitt to increase attention to homeless veterans, including strategies for securing needed supportive services and access to permanent housing opportunities.

The resolution adopted by the U.S. Conference of Mayors states:

*"The men and women of the armed services have made sacrifices for the American people and we have an obligation to care for them if they need services or housing; and WHEREAS, mayors are committed to supporting homeless veterans and assuring they have the housing and services they need to rebuild their lives; and homeless veterans with disabilities often need housing that is deeply affordable with onsite services to help them remain housed and thrive in our communities; and WHEREAS, creating permanent supportive housing for disabled veterans will increase the availability of existing transitional housing units for the men and women returning from Iraq and Afghanistan who become homeless and are in need of stabilization services to re-integrate back into the community;*

*"NOW, THEREFORE, BE IT RESOLVED that the U.S. Conference of Mayors support the increased investment to end homelessness for veterans using proven strategies such as creating permanent supportive housing units designated for veterans; and BE IT FURTHER RESOLVED, that the U.S. Conference of Mayors continue to endorse legislation that creates new funding sources to create permanent supportive housing for homeless*

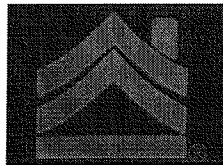
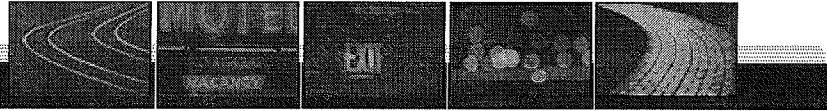
ational Coalition for Homeless Veterans  
veterans that includes funds for new construction with dollars for operating and onsite treatment services through increased resources for the HUD-VA Supportive Housing program, and targeted resources within the Department of Health and Human Services for mental health and substance abuse treatment services and within the Department of Labor for workforce assistance."

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[Facts & Media](#) > Housing Solutions Week 2008**FACTS & MEDIA****Housing Solutions Week 2008**

Posted: 2/22/2008

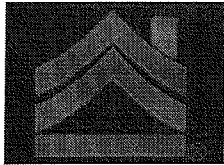
From January 29 to February 1, the National Housing Conference (NHC) and its research affiliate, the Center for Housing Policy, hosted a week-long series of events focusing on high-impact solutions to solving the nation's affordable housing challenges. The week kicked off with the launch of HousingPolicy.org on the 29th, and included a two-day online "Expert Chat" series hosted by Knowledgeplex, as well as a panel discussion on developing a comprehensive and effective housing strategy.

To learn more and to access streaming audio and video for the expert chats, as well as the PDF presentations from each event, click [here](#).

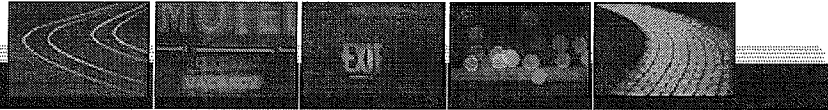
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[Facts & Media](#) > VA Seeks Nominations for Awards to Honor Outstanding Service to Homeless Veterans

### FACTS & MEDIA

## VA Seeks Nominations for Awards to Honor Outstanding Service to Homeless Veterans

Posted: 2/6/2008

The Department of Veterans Affairs' is seeking nominations for the 2008 Secretary's Awards for Outstanding Achievement in Service for Homeless Veterans. The awards recognize outstanding achievements of individual VA employees, VA organizations, and VA partners, such as veteran services organizations, businesses, and community and faith-based organizations, which provide exceptional service and contribute to breaking the cycle of chronic homelessness among veterans.

Those who wish to nominate an individual or organization should fill out a [nomination form](#) and mail it to the Office of the Director of Homeless Veterans Programs, Department of Veterans Affairs, 810 Vermont Ave. NW Washington, D.C. 20420, no less than 60 days from the date of signature. Nominations may also be submitted via e-mail at [homelessvet@va.gov](mailto:homelessvet@va.gov).

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